

Effluent Mercury Test Report

Name of Facility: _____ State License # _____

Purpose of this test: ☐ Initial limit determination
☐ Compliance monitoring for: year _____ calendar quarter _____
☐ Supplemental or extra test

SAMPLE COLLECTION INFORMATION

Sampling Date: ____/____/____ Sampling Time: _____ AM / PM
mm dd yy

Weather Conditions: _____

Please describe any unusual conditions with the influent or at the facility during or preceding the

evaluation of mercury results.

Suspended Solids: _____ mg/L

ANALYTICAL RESULT FOR EFFLUENT MERCURY

Name of Laboratory: _____

Result: _____ ng/L

results or their interpretation.

CERTIFICATION

of conditions at the time of sample collection. The sample for mercury was collected and analyzed using EPA Methods 1669 and 1631 in accordance with instructions from the DEP.

Title: _____